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CONFIRMATION NO. 1482

<b>SERIAL NUMBER</b> 10/779,869	<b>FILING OR 371(c) DATE</b> 02/17/2004 <b>RULE</b>	<b>CLASS</b> 244	<b>GROUP ART UNIT</b> 3643	<b>ATTORNEY DOCKET NO.</b> IOS9601-CIPD
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
*Yes RPS*  
 This application is a CIP of 10/755,200 01/09/2004 PAT 7,070,151 which is a CIP of 10/736,887 12/15/2003  
 which is a CIP of 10/298,138 11/15/2002 ABN \*  
 which is a CIP of 09/918,705 07/30/2001 ABN  
 (\*)Data provided by applicant is not consistent with PTO records.

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*None RPS*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* 01/24/2007**      **\*\* SMALL ENTITY \*\***

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>RPS Swatch</i> Examiner's Signature Initials	<b>STATE OR COUNTRY</b> UT	<b>SHEETS DRAWING</b> 17	<b>TOTAL CLAIMS</b> 85	<b>INDEPENDENT CLAIMS</b> 6
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**ADDRESS**  
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**TITLE**  
 ORBIT SPACE TRANSPORTATION & RECOVERY SYSTEM

<b>FILING FEE RECEIVED</b> 1464	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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